

ASSEMBLY BILL

No. 1820

Introduced by Assembly Member Wright
(Principal coauthor: Assembly Member Alquist)
(Coauthor: Assembly Member Soto)
(Coauthors: Senators Alpert, Escutia, and Vasconcellos)

February 3, 2000

An act to amend Sections 2089.5, 2183, and 2191.2 of, and to add Sections 2089.1, 2190.2, and 2190.3 to, the Business and Professions Code, and to amend Sections 105105 and 105120 of the Health and Safety Code, relating to geriatric medicine, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1820, as introduced, R. Wright. Geriatric medicine.

Existing law requires adequate instruction in certain specified subjects, including geriatric medicine, as required curriculum for medical students applying for a physician's and surgeon's certificate.

This bill would enact the "Geriatric Medical Education Training Act of 2000." Among other things, the bill would define adequate instruction in geriatric medicine as a separate course of instruction solely on geriatric medicine. It would require, commencing September 1, 2003, a 6-week course of geriatric instruction, as specified. The bill would make related changes and specify certain legislative findings and declarations, and declare legislative intent.

The bill would appropriate \$5,000,000 from the General Fund to the Regents of the University of California in order

to fund the existing Academic Geriatric Resource Program at the University of California.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. In enacting this act, the Legislature finds
2 and declares the following:

3 (a) In 1980, there were about 2.4 million Californians
4 age 65 and older. This number will double to five million
5 in 2010 and grow to seven million by 2020.

6 (b) By 2020, the numbers of Hispanic, African
7 American, and other minority elderly will more than
8 quadruple to an estimated total of at least 2.8 million.

9 (c) The age group over 75 has the highest rate of
10 health care utilization of all groups, with those over 85
11 currently representing the fastest growing segment of
12 the population.

13 (d) The higher prevalence of chronic conditions in
14 those age 65 and older results in greater use of physician
15 services. On an average, they visit a physician nine times
16 a year compared to five visits by the general population.
17 They are hospitalized over three times as often as the
18 younger population, stay 50 percent longer, and use twice
19 as many prescription drugs.

20 (e) The knowledge and skill base of geriatrics,
21 essential to the care of older patients has not been fully
22 integrated into the training of today's doctors.

23 (f) There will be an inadequate supply of doctors
24 properly trained to treat the elderly by 2010.

25 (g) The Academic Geriatric Resource Program was
26 established in 1984 as a mechanism for developing within
27 the University of California, new educational initiatives in
28 geriatrics, gerontology, and other disciplines relating to
29 aging. The program was funded at one million dollars
30 (\$1,000,000). Funding has not kept pace with need. The
31 program in 1999 was funded at one million one hundred
32 thousand dollars (\$1,100,000).



(h) The Association of American Medical Colleges acknowledged the problem of inadequate medical education in December 1999, by launching a new program to enhance the gerontology and geriatric curricula at United States medical schools. The association recognized that geriatrics “be represented in a more coherent and comprehensive manner in the curricula of all U.S. medical schools.”

SEC. 2. In enacting this act it is the intent of the Legislature to provide academic courses and training in the field of geriatrics for medical students and existing physicians in order to ensure that every general internist and family physician, along with other professions, have the requisite knowledge and skills to competently treat the elderly population by the year 2010.

SEC. 3. This act shall be known as, and may be cited as, the Geriatric Medical Education Training Act of 2000.

SEC. 4. Section 2089.1 is added to the Business and Professions Code, to read:

2089.1. For purposes of subdivision (b) of Section 2089, adequate instruction in geriatric medicine means a separate course of instruction solely on geriatric medicine. Incorporation of instruction in geriatric medicine within other curriculum courses does not comply with the requirements of this section.

SEC. 5. Section 2089.5 of the Business and Professions Code is amended to read:

2089.5. (a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, *geriatric medicine*, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of ~~40~~ 46 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, *six weeks in*

1 geriatric medicine, six weeks in obstetrics and
2 gynecology, a minimum of four weeks in family medicine,
3 and four weeks in psychiatry.

4 *Instruction in geriatric medicine shall be commenced*
5 *no later than September 1, 2003. The requirement of six*
6 *weeks of instruction in geriatric medicine shall apply only*
7 *to those applicants who graduate from a medical school*
8 *or a school of osteopathic medicine on or after May 1,*
9 *2003.*

10 (d) Of the instruction required by subdivision (b),
11 including all of the instruction required by subdivision
12 (c), 54 weeks shall be performed in a hospital that
13 sponsors the instruction and shall meet one of the
14 following:

15 (1) Is a formal part of the medical school or school of
16 osteopathic medicine.

17 (2) Has an approved residency program in family
18 practice or in the clinical area of the instruction for which
19 credit is being sought.

20 (3) Is formally affiliated with an approved medical
21 school or school of osteopathic medicine located in the
22 United States or Canada. If the affiliation is limited in
23 nature, credit shall be given only in the subject areas
24 covered by the affiliation agreement.

25 (4) Is formally affiliated with a medical school or a
26 school of osteopathic medicine located outside the United
27 States or Canada.

28 (e) If the institution, specified in subdivision (d), is
29 formally affiliated with a medical school or a school of
30 osteopathic medicine located outside the United States or
31 Canada, it shall meet the following:

32 (1) The formal affiliation shall be documented by a
33 written contract detailing the relationship between the
34 medical school, or a school of osteopathic medicine, and
35 hospital and the responsibilities of each.

36 (2) The school and hospital shall provide to the
37 division a description of the clinical program. The
38 description shall be in sufficient detail to enable the
39 division to determine whether or not the program
40 provides students an adequate medical education. The

1 division shall approve the program if it determines that
2 the program provides an adequate medical education. If
3 the division does not approve the program, it shall
4 provide its reasons for disapproval to the school and
5 hospital in writing specifying its findings about each
6 aspect of the program that it considers to be deficient and
7 the changes required to obtain approval.

8 (3) The hospital, if located in the United States, shall
9 be accredited by the Joint Commission on Accreditation
10 of Hospitals, and if located in another country, shall be
11 accredited in accordance with the law of that country.

12 (4) The clinical instruction shall be supervised by a
13 full-time director of medical education, and the head of
14 the department for each core clinical course shall hold a
15 full-time faculty appointment of the medical school or
16 school of osteopathic medicine and shall be board
17 certified or eligible, or have an equivalent credential in
18 that specialty area appropriate to the country in which
19 the hospital is located.

20 (5) The clinical instruction shall be conducted
21 pursuant to a written program of instruction provided by
22 the school.

23 (6) The school shall supervise the implementation of
24 the program on a regular basis, documenting the level
25 and extent of its supervision.

26 (7) The hospital-based faculty shall evaluate each
27 student on a regular basis and shall document the
28 completion of each aspect of the program for each
29 student.

30 (8) The hospital shall ensure a minimum daily census
31 adequate to meet the instructional needs of the number
32 of students enrolled in each course area of clinical
33 instruction, but not less than 15 patients in each course
34 area of clinical instruction.

35 (9) The division, in reviewing the application of a
36 foreign medical graduate, may require the applicant to
37 submit a description of the clinical program, if the
38 division has not previously approved the program, and
39 may require the applicant to submit documentation to

1 demonstrate that the applicant's clinical training met the
2 requirements of this subdivision.

3 (10) The medical school or school of osteopathic
4 medicine shall bear the reasonable cost of any site
5 inspection by the division or its agents necessary to
6 determine whether the clinical program offered is in
7 compliance with this subdivision.

8 SEC. 6. Section 2183 of the Business and Professions
9 Code is amended to read:

10 2183. Applicants for a physician's and surgeon's
11 certificate shall pass an examination in biomedical
12 sciences~~—and~~, clinical sciences, *and geriatric medicine*, as
13 determined by the Division of Licensing.

14 ~~Such—Those~~ applicants shall also pass an examination
15 designed to test biomedical sciences~~—and~~, clinical
16 sciences, *and geriatric medicine* determined by the
17 Division of Licensing to be essential for the unsupervised
18 practice of medicine.

19 SEC. 7. Section 2190.2 is added to the Business and
20 Professions Code, to read:

21 2190.2. The Division of Licensing shall establish
22 procedures for any educational activity approved under
23 subdivision (c) of Section 2190.1 to ensure attendance by
24 licensees throughout the entire program plus a random
25 audit program to ensure the compliance. Failure to
26 comply with the procedures shall be grounds for a
27 determination by the division that courses provided by
28 that organization are not in compliance with the
29 requirements of subdivision (c). The division has the
30 authority to assess a fee sufficient to recoup the cost of the
31 audit program.

32 SEC. 8. Section 2190.3 is added to the Business and
33 Professions Code, to read:

34 2190.3. All internists and family physicians shall
35 complete at least 20 percent of all mandatory continuing
36 education hours in a course in the field of geriatric
37 medicine or the care of elderly patients.

38 SEC. 9. Section 2191.2 of the Business and Professions
39 Code is amended to read:



2191.2. The division shall encourage every physician and surgeon to take a course in geriatric *medicine and geriatric* pharmacology as part of his or her continuing education, unless his or her patient rolls consist of less than 10 percent of elderly patients.

SEC. 10. Section 105105 of the Health and Safety Code is amended to read:

105105. It is the purpose of the Legislature, in enacting this chapter, to establish academic geriatric resource programs at the University of California medical or other health science campuses. A multidisciplinary approach shall be utilized in the development of these programs. The programs shall include, but not be limited to, one or more of the following elements:

(a) Preclinical, clinical, or postgraduate educational programs in geriatrics for health science students to instruct and train them in recognizing and responding to the needs and dynamics of the geriatric care of elderly patients.

(b) Provision of continuing education in geriatrics for health care providers and the general public.

(c) A teaching nursing home program to research nursing home health care practices and to instruct and train health science students about geriatric care.

At least 50 percent of funds appropriated for this program shall be utilized to implement subdivision (a).

SEC. 11. Section 105120 of the Health and Safety Code is amended to read:

105120. ~~Commencing January 1, 1986, on~~ On January 1 of each year, the Regents of the University of California shall submit a progress report to the Legislature regarding the grant programs established pursuant to ~~the provisions of~~ this chapter. The report shall include, but not be limited to, all of the following elements:

(a) A description of the progress made in implementing the programs.

(b) The number of academic geriatric resource programs established.

(c) The characteristics of the programs.

(d) The costs of the programs.

1 *The report shall separately delineate the information*
2 *required pursuant to this section with respect to each*
3 *medical or health science campus that receives funding*
4 *under a grant program established pursuant to this*
5 *chapter.*

6 SEC. 12. The sum of five million dollars (\$5,000,000)
7 is hereby appropriated from the General Fund to the
8 Regents of the University of California in order to fund
9 the Academic Geriatric Resource Program in
10 implementation of Chapter 3 (commencing with Section
11 105100) of Part 4 of Division 103 of the Health and Safety
12 Code.

